

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FAIR SHARE ACTION

ADDRESS (number and street)

3845 Tennyson St #150

☐ Check if different than previously reported. (ACC)

DENVER

CO

80212

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00526673

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer GRACE M SMALL

Signature of Treasurer

GRACE M SMALL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FAIR SHARE ACTION

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		1812484.44
(b) Cash on Hand at Beginning of Reporting Period.....	1433230.56	
(c) Total Receipts (from Line 19)	1125000.00	1136004.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2558230.56	2948489.36
7. Total Disbursements (from Line 31)	2190170.25	2580429.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	368060.31	368060.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1330.19	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FAIR SHARE ACTION

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

500000.00

500000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

500000.00

500000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

625000.00

635779.75

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1125000.00

1135779.75

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

225.17

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

1125000.00

1136004.92

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1125000.00

1136004.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	50207.90	50466.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	50207.90	50466.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	507467.08	507467.08
24. Independent Expenditures (use Schedule E)	1451008.07	1451008.07
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	181487.20	571487.20
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2190170.25	2580429.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2190170.25	2580429.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1125000.00	1135779.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1125000.00	1135779.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	50207.90	50466.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	225.17
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	50207.90	50241.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. FAIR SHARE, Inc.

Mailing Address 218 D Street SE, Suite 205

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.4871

Amount of Each Receipt this Period

500000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

500000.00

TOTAL This Period (last page this line number only)..... ►

500000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. AMERICA VOTES ACTION FUND

Mailing Address 1155 CONNECTICUT AVENUE, NW
 SUITE 600

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00492520

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11C.5077

Amount of Each Receipt this Period

125000.00

Contribution

Full Name (Last, First, Middle Initial)

B. NEA ADVOCACY FUND

Mailing Address 1201 16TH STREET NW SUITE 418

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00489815

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11C.5079

Amount of Each Receipt this Period

500000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

625000.00

TOTAL This Period (last page this line number only)..... ►

625000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

FAIR SHARE ACTION

A. SEAN GARREN

00:

79.90

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

B. GRASSROOTS VOTER OUTREACH

09 / 02 / 2014

00:

50050.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

C.

Category/
TypeCategory/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

50129.90

50129.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. HOUSE MAJORITY PAC

Mailing Address 700 13TH STREET NW SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : SB23.4873

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

B. MAINSTREAM COLORADO

Mailing Address 819 EAST 25TH AVENUE

City	State	Zip Code
DENVER	CO	80205

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SB23.5000

Amount of Each Disbursement this Period

305000.00

Full Name (Last, First, Middle Initial)

C. PRIORITIES FOR COLORADO

Mailing Address PO BOX 372217

City	State	Zip Code
DENVER	CO	80237

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SB23.5012

Amount of Each Disbursement this Period

152467.08

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

507467.08

507467.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. Gumbinner and Davies Communication

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Mailing Address 2001 S. St. NW
STE 301

City Washington, D.C. State DC Zip Code 20009

Purpose of Disbursement
Non-federal independent expenditure

Candidate Name

Category/
Type**Transaction ID : SB29.5018**

Amount of Each Disbursement this Period

22200.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WORK FOR PROGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2014

Mailing Address 1543 WAZEE STREET STE 440

City DENVER State CO Zip Code 80202

Purpose of Disbursement
Non-federal independent expenditure

Candidate Name

003
Category/
Type**Transaction ID : SB29.5015**

Amount of Each Disbursement this Period

113050.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. WORK FOR PROGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2014

Mailing Address 1543 WAZEE STREET STE 440

City DENVER State CO Zip Code 80202

Purpose of Disbursement
Non-federal independent expenditure

Candidate Name

003
Category/
Type**Transaction ID : SB29.5016**

Amount of Each Disbursement this Period

46217.50

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

181467.50

181467.50

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
FAIR SHARE ACTION

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gumbinner Davies and Simpson Communications

Nature of Debt (Purpose):

Shipping campaign materials

Mailing Address 2001 S. St. NW
Ste 301City State Zip Code
Washington, D.C. DC 20009

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5055

Amount Incurred This Period

720.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

720.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Anusha Narayanan

Nature of Debt (Purpose):

Reimbursement for printing campaign materials

Mailing Address 37593 Summer Holly Common

City State Zip Code
Fremont CA 94536

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5082

Amount Incurred This Period

610.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

610.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1330.19

2) **TOTALS** This Period (last page this line number only)..... ►

1330.19

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1330.19

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Courtney Abrams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 100 I St. SE #216			Amount 1828.04		
City Washington, D.C.		State DC	Zip Code 20003		
Purpose of Expenditure Reimbursement for printing campaign materials		Category/ Type 001	Transaction ID : SE.4988 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 1447433.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee FAIR SHARE, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2014		
Mailing Address 218 D Street SE, Suite 205			Amount 118.20		
City Washington		State DC	Zip Code 20003		
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001	Transaction ID : SE.5061 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 1442809.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1946.24		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>GRACE M SMALL</u>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 218 D Street SE, Suite 205		Amount 19.70		
City Washington	State DC	Zip Code 20003	Transaction ID : SE.5063	
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		1442828.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 218 D Street SE, Suite 205		Amount 26.73		
City Washington	State DC	Zip Code 20003	Transaction ID : SE.5067	
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Gwen Graham		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		26.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.43		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]		Date
Signature				MM / DD / YYYY 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 218 D Street SE, Suite 205		Amount 106.90	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.5068
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Gwen Graham		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		133.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2014	
Mailing Address 218 D Street SE, Suite 205		Amount 141.68	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.5069
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		1442970.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	248.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GRACE M SMALL

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee FAIR SHARE, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2014		
Mailing Address 218 D Street SE, Suite 205			Amount 43.12		
City State Zip Code Washington DC 20003		Transaction ID : SE.5070 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014			
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001			
Name of Federal Candidate CORY Cory GARDNER			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 1443013.70			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee FAIR SHARE, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2014		
Mailing Address 218 D Street SE, Suite 205			Amount 18.48		
City State Zip Code Washington DC 20003		Transaction ID : SE.5071 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014			
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001			
Name of Federal Candidate CORY Cory GARDNER			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 1443032.18			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL _____ Signature			[Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2014		

Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2014	
Mailing Address 218 D Street SE, Suite 205		Amount 12.32	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.5073 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		1443061.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.83
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00526673</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee FAIR SHARE, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2014</div>		
Mailing Address 218 D Street SE, Suite 205			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.72</div>		
City Washington		State DC	Zip Code 20003		Transaction ID : SE.5074
Purpose of Expenditure Reimbursement for staff time		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate CORY Cory GARDNER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1443080.73</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Emily Fischer			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 429 E. 14th Ave. Apt. J			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2138.37</div>		
City Denver		State CO	Zip Code 80203		Transaction ID : SE.4989
Purpose of Expenditure Reimbursement for printing campaign materials		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1449572.04</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2158.09</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Anusha Narayanan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 37593 Summer Holly Common			Amount 2524.90		
City Fremont	State CA	Zip Code 94536	Transaction ID : SE.4987		
Purpose of Expenditure Reimbursement for printing campaign materials		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought		1445605.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee P & L Printing			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 3827 Steele St. Unit A			Amount 1302.40		
City Denver	State CO	Zip Code 80205	Transaction ID : SE.4996		
Purpose of Expenditure Printing campaign materials		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought		1450874.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3827.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>GRACE M SMALL</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee The Strategy Group, Inc.			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 1603 Orrington Ave. Suite 31730			Amount 26228.50		
City Evanston	State IL	Zip Code 60201	Transaction ID : SE.4969 Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Printing and shipping campaign materials		Category/Type 006			
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 731974.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee WATERFRONT STRATEGIES			Date of Public Distribution/Dissemination 08 / 07 / 2014		
Mailing Address 3050 K St. NW Suite 100			Amount 299823.00		
City WASHINGTON	State DC	Zip Code 20007	Transaction ID : SE.4919 Date of Disbursement or Obligation 08 / 07 / 2014		
Purpose of Expenditure ADVERTISEMENT		Category/Type 004			
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 330033.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			326051.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL _____ Signature		[Electronically Filed]		Date 10 / 15 / 2014	

Full Name of Payee WORK FOR PROGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1543 WAZEE STREET STE 440		Amount 15105.00	
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.4905 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Door to Door/Voter Contact		Category/ Type 003	
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		30210.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30210.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 12 / 2014		
Mailing Address 1543 WAZEE STREET STE 440			Amount 25650.00		
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.4931		
Purpose of Expenditure DOOR TO DOOR/VOTER CONTACT		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014		
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought		355683.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 12 / 2014		
Mailing Address 1543 WAZEE STREET STE 440			Amount 25650.00		
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.4932		
Purpose of Expenditure DOOR TO DOOR/VOTER CONTACT		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014		
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought		381333.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature GRACE M SMALL		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination 08 / 21 / 2014		
Mailing Address 1543 WAZEE STREET STE 440			Amount 49156.50		
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.4936		
Purpose of Expenditure DOOR TO DOOR/VOTER CONTACT		Category/Type 003	Date of Disbursement or Obligation 08 / 21 / 2014		
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought		430489.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination 08 / 21 / 2014		
Mailing Address 1543 WAZEE STREET STE 440			Amount 49156.50		
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.4937		
Purpose of Expenditure DOOR TO DOOR VOTER CONTACT		Category/Type 003	Date of Disbursement or Obligation 08 / 21 / 2014		
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought		479646.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98313.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature GRACE M SMALL		[Electronically Filed]		Date 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 24
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee WORK FOR PROGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014
Mailing Address 1543 WAZEE STREET STE 440		Amount 113050.00
City DENVER	State CO	Zip Code 80202
Purpose of Expenditure Door to door voter contact	Category/ Type 003	Transaction ID : SE.4965 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Mark E Udall		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		592696.00

Full Name of Payee WORK FOR PROGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014
Mailing Address 1543 WAZEE STREET STE 440		Amount 113050.00
City DENVER	State CO	Zip Code 80202
Purpose of Expenditure Door to door voter contact	Category/ Type 003	Transaction ID : SE.4967 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate CORY Cory GARDNER		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		705746.00

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	226100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GRACE M SMALL

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 15 / 2014

Full Name of Payee WORK FOR PROGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1543 WAZEE STREET STE 440		Amount 234114.50	
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.4975 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Door to door voter contact		Category/ Type 003	
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		1442691.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	710716.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	1451008.07

Signature